

# Consumer Research Findings

## Summary Report on the Hispanic/Latino Medicare Population Executive Summary

### Background

As part of its long-term strategic plan, the Health Care Financing Administration (HCFA) has undertaken an Agency-wide initiative to adapt its operations to improve communications with Medicare beneficiaries and with its provider partners. Helping beneficiaries to understand their choices among health care plans, providers, and treatment options and the implications of those choices on cost, quality, access, and outcomes is especially important now that the Balanced Budget Act of 1997 (BBA) has expanded the health plan options available to beneficiaries. The full range of choices envisioned under BBA is not currently available in the market but an increasing number of beneficiaries will face a much more complex set of choices in the coming years. Medicare beneficiaries not only need to understand the various features of these different options in order to choose the design that best meets their needs, they also need basic knowledge about many aspects of the Medicare program.

### Research Purpose and Methods

The Market Research for Beneficiaries project was designed to provide HCFA with answers to the two fundamental questions that underlie effective communication:

- What information do beneficiaries want or need from HCFA?
- What are the best ways to communicate that information to them?

The Market Research for Beneficiaries project collected data from three sources to answer the questions:

- An inventory of perceived information needs and effective communication strategies from a variety of organizations and individuals who work directly with Medicare beneficiaries,
- Focus groups with Medicare beneficiaries, and
- A national survey of the Medicare population - the Medicare Current Beneficiary Survey (MCBS).

Each of the three data sources has particular strengths. Together, they can provide HCFA with a broad, deep, and representative understanding of communication with beneficiaries. The survey of Medicare beneficiaries helps ensure that the information gathered is representative of Medicare beneficiaries,<sup>1</sup> while the focus groups and inventory of organizations contribute more in-depth information than can be obtained from a large-scale survey. A description of methodologies for each of the data collection tools is contained in a separate appendix.<sup>2</sup>

As part of HCFA's commitment to adapt its operations and communication strategies to better serve all Medicare beneficiaries, the Agency identified a diverse set of beneficiary subgroups that it believes may have special information needs regarding

the Medicare program or that may require innovative communication approaches to effectively convey information to the subgroup. This report synthesizes key findings from the three data sources for one of the identified "hard to reach" beneficiary subgroups – elderly Hispanic/Latino beneficiaries. The report compares the subgroup's information needs and best communication strategies with those of the general elderly Medicare population. Additional summary reports examine the information needs and best communication strategies for African American beneficiaries, those dually eligible for Medicaid and Medicare, beneficiaries who live in rural areas, beneficiaries with low education or literacy levels, and beneficiaries with hearing or vision loss.

## Key Findings and Implications for HCFA

### Key Findings

Key findings about Hispanic/Latino Medicare beneficiaries include the following central points:

- Hispanic/Latino beneficiaries as a group are younger, poorer, less educated, and not as healthy as the general population of Medicare beneficiaries. They are also the fastest growing racial or ethnic beneficiary group among elderly beneficiaries, accounting for over six-percent of Medicare beneficiaries age 65 or older in 1997.
- The information needs of Hispanic/Latino beneficiaries are generally similar to those of the general Medicare population but their self-reported knowledge of the Medicare program and related topics is much more limited, comparable to the low educated and dual eligible populations with which they overlap.
- The most important and useful sources of information for Hispanic/Latinos are Medicare sources such as HCFA (particularly for English-speaking beneficiaries as identified in focus group discussions and possibly for both English- and Spanish-speakers as identified in the MCBS), health care providers (for both English-speaking and Spanish-speaking beneficiaries as identified in focus groups, inventory research, and the MCBS), and community organizations/leaders (more so for Spanish-speaking beneficiaries as identified in focus groups and the inventory research).
- Hispanic/Latino beneficiaries' preferred sources of information differ depending on whether they are fluent in English. Spanish-speaking beneficiaries are particularly dependent on family, friends, and community organizations to link them to information about Medicare.
- Although the Hispanic/Latino population is like other Medicare beneficiaries in strongly preferring person-to-person communication, Spanish-speaking Hispanic/Latino beneficiaries also rely heavily on Spanish radio and television for information. English-speaking Hispanic/Latino beneficiaries also rely on and trust broadcast media sources more than other beneficiary groups do.

### Implications for HCFA

HCFA should consider the following when designing communications directed toward Hispanic/Latino beneficiaries:

- Targeting a large proportion of the Hispanic/Latino community geographically is relatively easy because 73 percent of Hispanic/Latinos lives in four states: California, Texas, Florida, and New York.
- Because of their relative poverty and low level of education as a group, HCFA must rely more heavily on communication sources and modes that low-income elderly Hispanic/Latinos have readier access to and are able to understand. These include non-cable TV and radio stations, churches, schools, local health care clinics, community centers, and other social units that can be used to tailor an effective communication strategy for a large segment of this population.
- The relatively high proportion (33 percent) of Hispanic/Latino beneficiaries who are enrolled in the Medicaid system suggests that HCFA should partner with State Medicaid agencies and Medicaid providers to disseminate information to the dually-eligible segment of this population. The information should be available in both Spanish and English as an estimated 40 percent of Hispanic/Latino beneficiaries depend on Spanish for communication.
- Hispanic/Latino beneficiaries would benefit from information on the prevention and treatment of diseases that are more prevalent in the Hispanic/Latino community, such as diabetes, for which prevalence rates have been estimated to be 100 percent higher among the elderly of Mexican and Puerto Rican descent than among elderly non-Hispanic Whites (Garcia and Wallace, 1994). This information should be presented in a context that makes it easier for beneficiaries to choose the Medicare option which will best meet their health needs given their income constraints. For example, diabetes as a chronic disease requires ongoing monitoring and treatment. For beneficiaries with diabetes, outpatient management of the disease and coverage of vital medications are important for limiting their out-of-pocket expenditures.
- The frequently negative view of Health Maintenance Organizations (HMOs) and confusion regarding supplementary insurance of Hispanic/Latino beneficiaries suggest that HCFA should emphasize and expand upon its explanation of these topics for this group. Misperceptions (e.g., the belief that joining an HMO causes you to lose your Medicare benefits because you must give up the Medicare card in exchange for the HMO plan card) should be explored and clarified. HMOs are more likely to manage chronic illness so as to avoid costly hospitalization and to include outpatient pharmaceuticals in the benefit package. These are important considerations for a Medicare sub-population with poorer health status and lower incomes than the general beneficiary population. It is, therefore, particularly important that HCFA increase the understanding of the positive benefits of HMO membership among the Hispanic/Latino beneficiary population.
- The importance of HCFA as a source of information as indicated in the MCBS and English-speaking focus groups, coupled with the finding that many Spanish-speaking Hispanic/Latino beneficiaries do not understand important aspects of the Medicare program, suggests that Spanish language materials (Handbook, telephone protocols, etc.) may need to be reviewed and simplified, following the style and formatting recommendations for the low

literacy population. HCFA should also ensure that its Spanish language materials are widely available.

- Before dissemination, Spanish-language materials should be reviewed and tested to ensure the quality of the translation and the appropriateness of the language level for the target population.
- Consideration of the high level of trust Hispanic/Latino beneficiaries place in community organizations (particularly Spanish-speaking beneficiaries), the greater likelihood that these beneficiaries will be living with children or other relatives, and Spanish-speaking beneficiaries' greater dependence on family members as links to sources of information, suggests that HCFA should make greater use of these organizations, including local schools, for disseminating information.
- Because medical professionals are highly trusted in the Hispanic/Latino community by both English- and Spanish-speaking beneficiaries, HCFA should utilize providers as sources of information for Hispanic/Latino beneficiaries and should help Spanish-speaking beneficiaries locate those providers who speak their native language. Providers, themselves, must be educated about the Medicare program so they can share accurate and up-to-date information with their patients.
- A communication strategy for Hispanic/Latino beneficiaries must recognize the multiple communication barriers represented by low literacy, poor English language skills, poverty, and limited previous experience with insurance. HCFA should complement its use of written materials with increased use of broadcast media, person-to-person exchanges (for example, using radio talk shows and lay educators) and pictorial presentations (for example, videotapes for clinic waiting rooms), all made available where needed in the Spanish language. Repeated and layered explanations may be necessary to build a broad context within which to understand complex concepts. Therefore, HCFA should develop stable accessible communication vehicles to which the Hispanic/Latino beneficiaries can return as needed for follow-up education.

## Organization of Report

This report is organized into four additional chapters:

- A profile of Hispanic/Latino Medicare beneficiaries compared with the general Medicare population;
- A summary of Hispanic/Latino beneficiaries' information needs;
- A discussion of communication sources preferred by Hispanic/Latino beneficiaries; and
- A discussion of communication modes preferred by Hispanic/Latino beneficiaries.

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<sup>1</sup>The MCBS data used in this report apply only to Medicare beneficiaries age 65 years old or older who were not living in a short-term or long-term care facility during the first two rounds of data collection in 1997.

<sup>2</sup>See the Appendix to Cahill, et al., Increasing Medicare Beneficiary Knowledge Through Improved Communications: Summary Report on the General Medicare Population, Final Draft, October 1988, Health Care Financing Administration.